

CHILDHOOD HEALTH RECORD

Birth to 18 years

Your Child's CHECKUPS

Regular well-child and oral health checkups are very important for your child's health and development. This Childhood Health Record booklet, along with the Lifetime Immunization Record card, will help you keep track of important health information about your child.

Keeping each section up-to-date will provide a useful and handy record of your child's health history. These records provide valuable information in an emergency and throughout your child's life. Keep them in a safe place at home and take them with you when you travel.

PREPARE FOR WELL-CHILD CHECKUPS

You will receive Child Profile letters in the mail that will remind you to schedule checkups. They will also give you information about your child's growth and development, safety, nutrition, and recommended immunizations. Before each checkup, write down any questions that you have about your child's health and development and take them with you. Be sure to ask if your child's immunizations are up-to-date. Take this booklet and the immunization record card with you when you see your child's doctor, nurse, and dentist.



Name
Date of Birth/ Time
Weightlboz. Length
Place of Birth
City/State
Notes



In an emergency, call 911

Washington Poison Center 1-800-222-1222
Other important contacts
Allergies/Treatment
Special Health Needs/Treatments



Health screenings are used to find or rule out certain health conditions. All children get certain screenings, for

example to check hearing and vision. Some children will need other screenings such as anemia or lead level testing. Talk to your child's doctor or nurse at each well-child checkup to learn more about the screenings that your child needs.

that your child needs.				
Date	Test	Results		



H = height H% = height percentile W = weight W% = weight percentile HC = head circumference BMI = body mass index

1	-2
W	eeks

Haalth Chaalous

	пеан	ii Cileck	up		
weeks	Date				
	Doctor,	/Clinic			
Address/p	hone				
H	_H%	W	W%	HC	
Notes					
Injuries/Illn	ess				

BMI% = BMI percentile

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⊥ month	

Health Checkup

Date

Doctor/Clinic

Address/phone_____

H H% W W% HC

Notes _____

Injuries/Illness_____

2	Health	Check	up	
months	Date			
	Doctor/	Clinic		
Address/pho	ne			
НН	%	_W	_W%	_HC
Notes				
Injuries/Illnes	SS:			

4 months
Address/pho

Health Checkup

Date_____

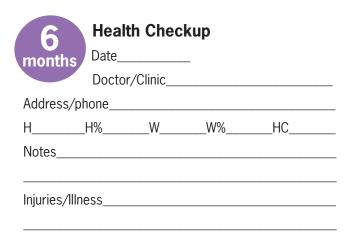
Doctor/Clinic_____

Address/phone_____

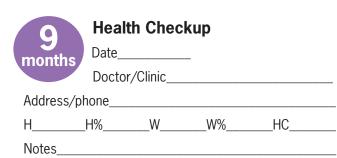
H_____H%_____W_____HC

Notes_____

Injuries/Illness____



Injuries/Illness_____



	Hea	Ith Che	ckup	
year	Date_			
Address/pho	one			
НН	%	W	W%	HC
Notes				
- <u></u>				
Injuries/Illnes	SS			
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Oral Heal	th Ch	neckup	Dat	te
Dentist/Clini	C			
Address/pho	one			
Services rec	eived_			
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Notes				

15 months	Date		•	
Address/p	hone			
			W%	
Notes				
Injuries/Illn	ess			
18 months	Date	th Chec	-	
Address/p	_	, -		

TO		Cneck	up			
months	Date					
	Doctor/Clinic					
Address/p	hone					
H	_H%	W	W%	HC		
Notes			 			
Injuries/IIIn	iess					

The two-year visit is a good time to be sure your child has had all recommended immunizations. Ask your doctor, nurse, or clinic about any

immunizations your child may have missed. Some doctors will want to schedule a check-up at $2\frac{1}{2}$ years. This is a good time to talk about any development questions you have about your child. Ask your doctor or clinic if you should schedule a check-up at $2\frac{1}{2}$ years.

Health Checkup

Date		Doctor/Cli	nic		
Address	s/phone	e			
				BMI%	
Injuries,	/illness_				
Oral H	lealth	Checkup	Date _		
Dentist,	/Clinic_				
Address	s/phone	e			
Service	s receiv	ved			
Notes_					

3	Health Ch	eckup	
years	Date		
	Doctor/Clinic	:	
Address/	phone		
H	W	BMI	BMI%_
Notes			
njuries/III	ness		
	nessealth Checku		
Oral He		Jp Da	ate
Oral He Dentist/C	ealth Checkı	up Da	ate

	Health C	heckup	
years	Date	-	
	Doctor/Clin	ic	
Address/ph	none		
H	_W	_BMI	BMI%
Notes			
Injuries/Illne	ess		
Dentist/Clir	nic		
Address/ph	none		
Services re	ceived		
Notes			



Children who are immunized according to the recommended schedule will meet school entry requirements. You will need to provide a copy of your child's immunization record. Talk to your doctor, nurse, or clinic for more information.

Health	Checku	p	Date	
Doctor/0	Clinic			
Address/	/phone			
H	W	BMI	BMI%_	
Notes				
Injuries/I	llness			
			Date	
Dentist/0	Clinic			
Address/	/phone			

6		th Checl	•		
yea					
	Docto	r/Clinic			
Addres	s/phone				
H	W	BMI		_BMI%	
Notes_					
Injuries	/Illness				
Oral I	Health Ch	eckup	Date		
	/Clinic	_			
	s/phone				
Service	es received_				
Notes_					

7 years	Health Control Date	nic	- -	
Address/pho	one _W			
Injuries/Illne	SS			
Oral Hea	lth Check	up	Date_	
	ic			
Address/pho	one			
Services rec	ceived			

Notes____

7 8	Health	ı Checkı	ıb	
year	S Date			
	Doctor/	'Clinic		
Address,	/phone			
			BMI%	
Notes				
Oral H	ealth Che	ckup	Date	
Dentist/0	Clinic			
Address,	/phone			
Notes				

9	Healt	h Check	cup		
years	Date_		_		
	Doctor	/Clinic			
Address/p	ohone				
H	W	BMI		_BMI%	
Notes					
Injuries/Illi	ness				
Oral Ha	alth Cha	eckup	Data		
		_			
Dentist/Cl	inic				
Address/p	ohone				
Services r	eceived				

Notes____

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yca			
Addres	s/phone		
H	W	BMI	BMI%
Notes_			
Oral I	Health Ch	eckup	Date
		_	
Dentist,	/Clinic		Date



There are several immunizations recommended for your child at 11-12 years of age. Schedule a health check-up for your child at this age. You can also ask about immunizations at a sports physical or other doctor visit.

Health Checkup		Date
Doctor/Clinic		
Address/phone		
		BMI%
Notes		
Oral Health Chec	kup	Date
Dentist/Clinic		
Address/phone		
Services received		
Notes		

12 years	Health (Check	up	
years	Date		_	
	Doctor/Cli	nic		
Address/ph	one			
				_BMI%
Notes				
Injuries/Illne	ess			
Oral Hoa	lth Chack	run	Data	
Dentist/Clin	ic			
Address/ph	one			
Services re	ceived			
Notes				

13 years		h Check	•	
years				
Address/p	ohone			
H	W	BMI	BMI%	
Notes				
Injuries/III	ness			
·				
Oral He	alth Che	eckup	Date	
Dentist/C	linic			
Services i	received			

14 year	Heal	th Checkı	ıp
yea			
	Docto	or/Clinic	
Address	s/phone		
H	W	BMI	BMI%_
Notes_			
Injuries,	/Illness		
Oral H	lealth Ch	eckup	Date
Dentist,	Clinic		
Address	s/phone		
Service	s received_		

15 years

Health Checkup

years	Date				
	Doctor/	Clinic			
Address/ph	none				
H	_W	BMI		_BMI%_	
Notes					
Injuries/IIIne	ess				
Oral Hea	alth Che	ckup	Date_		
Dentist/Clir	nic				
Address/ph	none				
Services re					
Notes					

1 year		r/Clinic	-
Addres			
			BMI%
Notes_			
Oral I	Health Ch	eckup	Date
		_	

Notes____



If your child has had all recommended immunizations, he/she will meet immunization requirements for college, the military, and future employment. Be sure to ask about additional travel immunizations that may be needed.

Health Checku	р	Date	
Doctor/Clinic			
Address/phone			
HW	BMI	BMI%	
Notes			
Injuries/Illness			
Oral Health Ch	eckup	Date	
Dentist/Clinic			
Address/phone			
Services received_			
Notes			

18 Health Chec		•
	Doctor/Clinic	
	e	
	BMI_	
Notes		
Injuries/Illness		
Oral Healtl	n Checkup	Date
Dentist/Clinic_		
Address/phon	e	
Services recei	ved	

Family Health Hotline 1.800.322.2588 711 (TTY relay) Programs of WithinReach

www.ParentHelp123.org





Child Profile is a service of the Washington State Department of Health.

If you have a disability and need this document in another format, please call 1-800-322-2588 (711-TTY relay).

325-0108E DOH 950-146E September 2013